IX. Mental Health

This chapter addresses mental illness, alcoholism, drug abuse, and developmental disabilities. These conditions result in social problems of such magnitude that mental health ranks as one of the state's priority health issues. The Mississippi Department of Mental Health, regional community Mental Health-Mental Retardation Centers, and licensed private sector facilities provide most of the state's mental health services. Unless otherwise specified, information in this chapter is limited to the programs and services of these entities.

Some providers in the private sector are not licensed under state authority. These entities are not required nor do they voluntarily submit information to any state agency regarding the amount and type of services they render. The lack of data from these facilities makes it difficult to determine the overall impact that the private sector has in delivering mental health services.

Mississippi Department of Mental Health

State law designates the Mississippi Department of Mental Health (MDMH) as the agency to coordinate and administer the delivery of public mental health services, alcohol/drug abuse services, and mental retardation services throughout the state, as well as community-based day programs for individuals with Alzheimer's disease and other dementia. Responsibilities of MDMH include: (a) state-level planning and expansion of all types of mental health, mental retardation, and substance abuse services, (b) standard-setting and support for community mental health/mental retardation and alcohol/drug abuse programs, (c) state liaison with mental health training and educational institutions, (d) operation of the state's psychiatric facilities, and (e) operation of the state's facilities for individuals with mental retardation. MDMH consists of three bureaus: Administration, Mental Health, and Mental Retardation. Responsibility for the operation and oversight of specific programs falls to the various divisions within each bureau.

Bureau of Administration

The Bureau of Administration consists of the Division of Accounting, Division of Auditing, Division of Planning and Public Information, Division of Professional Development, Division of Information Systems, Division of Human Resources, and Division of Professional Licensure and Certification. These divisions work collectively with bureaus that provide direct service.

Bureau of Mental Health

The Bureau of Mental Health provides a variety of services through several divisions:

a. Responsibility for the development and maintenance of community-based mental health services for adults, addressing a priority population of adults with serious mental illness, belongs to the Division of Community Services. The 15 regional mental health centers and the community service divisions of the state psychiatric hospitals provide an array of treatment and support services. The division focuses its major effort toward providing a network of community-based services offering the support needed by individuals, which may vary across time.

b. The Division of Alcohol and Drug Abuse Services establishes, maintains, monitors, and evaluates a statewide system of alcohol and drug abuse services including prevention,

treatment, and rehabilitation. The division designed a system of services to reflect its philosophy that alcohol and drug abuse is a treatable and preventable illness. This system provides a continuum of community-based, accessible services including prevention, outpatient, detoxification, community-based primary and transitional treatment, inpatient, and aftercare services. The division provides technical assistance to state agencies and other interested organizations in implementing Employee Assistance Programs. The division adheres to a commitment to quality care, cost-effective services, and the health and welfare of individuals through the reduction of alcohol and drug abuse. All services are provided through a grant/contract with state agencies, local public agencies, and nonprofit organizations.

c. The Division of Children and Youth Services determines the mental health service needs of children and youth in Mississippi and plans and develops programs to meet those needs. Division staff provide technical assistance and leadership in the implementation of MDMH-certified mental health services and programs for children and youth. The division develops and supervises evaluation procedures to ensure the quality of these programs and oversees the enforcement of certain governmental regulations, including MDMH guidelines and standards for services. The 15 regional community mental health centers and a number of other nonprofit agencies and organizations funded and or certified by MDMH provide community mental health services for children.

d. The Division of Accreditation and Licensure for Mental Health coordinates and develops certification standards, certification site reviews, and compliance requirements for community mental health and alcohol/drug abuse services operated and/or funded through the MDMH. This division coordinates peer review/quality assurance teams, which may review community programs operated and/or funded by MDMH, and also coordinates emergency/crisis response of the MDMH with the Mississippi Emergency Management Agency.

e. The Division of Alzheimer's Disease and Other Dementia develops and implements state plans to assist in the care and treatment of persons with Alzheimer's disease and other dementia, including education and training of caregivers (family and service providers), and development of community-based day programs.

f. The Office of Constituency Services documents, investigates, and resolves all complaints/grievances regarding state and community mental health/mental retardation facilities received from consumers, family members, and the general public. The office also operates and maintains a computerized database to provide information regarding services for persons with mental illness, mental retardation, and substance abuse to callers using a toll-free help line.

g. The state's two larger psychiatric hospitals - East Mississippi State Hospital (EMSH) at Meridian and Mississippi State Hospital (MSH) at Whitfield - both provide inpatient services, including acute and intermediate psychiatric care, alcohol and drug treatment for adults, acute psychiatric care for adolescents, and skilled nursing care. EMSH also provides adolescent alcohol and drug treatment, and MSH provides acute psychiatric care for children, medical/surgical hospital services, and forensic services. Two 50-bed hospitals, the North Mississippi State Hospital (NMSH) in Tupelo and the South Mississippi State Hospital (SMSH) in Purvis, provide acute psychiatric services for adults for designated service areas. The NMSH serves men and women from 18 counties. The SMSH serves adults from a

nine-county designated area (Region 12) and Pearl River County in Region 13. Both the MSH and EMSH also provide transitional, community-based care for adults with serious mental illness. These services include community-based housing options (such as group homes or supervised apartments), halfway house services, case management, psycho-social rehabilitation services, and specialized services for individuals with mental illness who are homeless. These services are generally provided in close proximity to the hospitals and/or in areas where a regional mental health/mental retardation center elects not to provide that particular community service.

h. Renovations to the Central Mississippi Residential Center (CMRC) in Newton (formerly the Clarke College property) are nearing completion. The CMRC will provide a specialized residential treatment program for adults with long-term mental illness discharged/transferred from the state hospitals. CMRC currently operates a day program for persons with Alzheimer's disease/other dementia.

i. The Specialized Treatment Facility for Emotionally Disturbed Youth is under construction in Gulfport. This 48-bed facility will serve youth who meet commitment criteria for mental illness and whose behavior makes it necessary for them to receive specialized treatment.

Bureau of Mental Retardation

The Bureau of Mental Retardation supervises three divisions and five comprehensive regional facilities for persons with developmental disabilities/mental retardation.

a. The Division of Community Mental Retardation Services develops community mental retardation programs established with state or federal funds other than Developmental Disability Funds. The division works with the regional community mental health/mental retardation centers, state facilities, and other service providers to develop community programs for persons with mental retardation. The division also develops the *State Plan for Related Services and Support to Individuals With Mental Retardation/Developmental Disabilities,* and supports the Bureau of Mental Retardation State Plan Advisory Council.

The Bureau also provides early intervention services for infants and toddlers with developmental disabilities or potential for developmental delay. The MDMH's Early Intervention Programs and the MSDH's First Step Program work together to locate children and families in need of early intervention services and provide linkages to those services. Early intervention services are provided to assist parents in helping their child reach an improved functioning level. Twenty-three program sites across the state provide children and families with comprehensive multidisciplinary evaluations, speech/language therapy, occupational therapy, physical therapy, and educational interventions. Each of the five comprehensive regional center provide community early intervention services.

b. The Bureau of Mental Retardation serves as the designated state agency (DSA) for the Mississippi Council on Developmental Disabilities (CDD). The CDD funds are used to improve the lives of people with developmental disabilities and their families throughout the state. Service priorities selected by the Council for FY 2001-2006 include employment, community living, transportation, health, and leisure/recreation. Initiatives (service grants) are awarded to programs through an annual Request For Proposal process. The CDD selects all initiatives and develops and approves the Annual Developmental Disabilities State Plan, with input from the DSA.

c. The Division of Home and Community-Based MR/DD Waiver (HCBS Waiver) provides services to persons with mental/retardation/developmental disabilities who would require the level of care found at an intermediate care facility for the mentally retarded (ICF/MR) if these services were not available. The HCBS-MR/DD waiver was approved by the federal Centers for Medicare and Medicaid Services (CMS) for five years, beginning July 1, 1998. Statewide program capacity has increased over time and will continue to expand pending federal approval and appropriation of the state General Fund match. The HCBS-MR/DD Waiver program is available on a statewide basis to eligible persons of all ages.

   Services that can be provided through the waiver include: attendant care, respite care (in-home nursing, in-home nursing or companion, community, and ICF/MR), day habilitation, residential habilitation (supported and supervised), pre-vocational services, supported employment, physical therapy, occupational therapy, speech/language/hearing therapy, behavior support/intervention, and specialized medical supplies (diapers and pads). Each of the five DMH regional centers in the state has HCBS Waiver Support Coordinators.

d. The Division of Accreditation, Licensure, and Quality Assurance for Mental Retardation coordinates the development of certification standards, certification site visits, and compliance requirements for community programs. The division also works with the five regional centers for persons with developmental disabilities, the comprehensive community mental health/mental retardation centers, and other providers to ensure quality of care and compliance with accreditation standards.

e. Mississippi operates five comprehensive regional facilities for individuals with developmental disabilities: Boswell Regional Center, Sanatorium; Hudspeth Regional Center, Whitfield; Ellisville State School, Ellisville; North Mississippi Regional Center, Oxford; and South Mississippi Regional Center, Long Beach. These facilities provide institutional care as licensed intermediate care facilities for the mentally retarded (ICF/MR). Residential services include psychology, social services, medical and nursing services, recreation, special education, speech therapy, occupational therapy, physical therapy, audiology, and vocational or work training. These facilities also provide a primary vehicle for delivering community services throughout Mississippi. In the community setting, the comprehensive regional facilities provide alternative living arrangements, including group homes, supervised apartments, specialized homes for elderly persons, and shadow-supervised living arrangements. They also provide diagnostic and evaluation services, employment services, early intervention services, case management services, and transitional training services.

f. The Juvenile Rehabilitation Facility is a 48-bed residential facility in Brookhaven, serving youth with mental retardation whose behavior makes it necessary for their treatment to be provided in a specialized treatment facility.

The various bureaus and divisions of the MDMH maintain close working relationships with the 15 regional community mental health centers, the Mississippi State Department of Education, Mississippi State Department of Rehabilitation Services, Mississippi Department of Human Services, Mississippi State Department of Health, and other public and private organizations.

Regional Community Mental Health-Mental Retardation Centers

Regional community mental health-mental retardation centers provide a major component of the state's mental health services. Fifteen centers currently operate in the state's mental health service areas, and most centers have satellite offices in other counties. These centers provide a statewide network of services readily available to all Mississippians. Each center provides a number of services to adults and children. The specific services may vary among centers, but generally include the following:

- Outpatient services
- Psychosocial rehabilitative services
- Consultation and education services
- After-care services
- Pre-evaluation screening (prior to civil commitment examination)
- Case management services
- Inpatient referral
- Emergency services
- Access to family education services
- Access to consumer education services
- Mental health therapeutic residential services
- Alcohol abuse prevention/treatment services
- Drug abuse prevention/treatment services
- Mental retardation/developmental disabilities services
- Specialized children's mental health services — crisis intervention, sexual abuse intervention, intensive psychosocial/day treatment rehabilitation, and outpatient therapy.

The Mississippi Legislature established community mental health centers in 1966 with funding from federal staffing grants. To secure the required matching funds for these grants, the Legislature authorized local governments to appropriate up to two mills in tax revenues to be used as match. As federal staffing grants were phased out, the Mississippi State Legislature began to support the community mental health centers with state appropriations for essential mental health and mental retardation services. Since 1986, a significant increase in state appropriated funds for community mental health center services has occurred; however, the need exists for increased appropriations through the Legislature and local governments for centers to continue providing existing services and to expand services.

State law requires that each participating county appropriate a minimum amount– equivalent to a three-fourths mill tax on all taxable property in the county in Fiscal Year 1982, or the amount of funds contributed to the center by the county in Fiscal Year 1984, whichever is greater, to be eligible to share in the state appropriations. All counties were in compliance with this requirement for 2002; however, total county contributions were less than ten percent of the operating cost of mental health centers.

Each regional community mental health center is a separate legal entity that conforms to federal and state program standards relating to administration, services provided, and staffing. The 1997 Legislature clarified the MDMH's authority to set and enforce minimum standards for community mental health center services and to increase uniformity in the availability and quality of services across mental health center regions. The regional community mental health-mental

retardation centers form the core of an integrated system which, if properly funded and utilized, would be capable of delivering needed mental health services to all citizens of Mississippi.

Social Services Block Grant

The Department of Human Services administers the Social Services Block Grant (SSBG) monies which come into the state. For the past several years, a portion of the SSBG has been directly allocated to and administered by the MDMH. The MDMH uses these funds for such programs as alcohol/drug residential treatment programs, mental health halfway house programs, residential treatment for chemically dependent adolescents, therapeutic foster care for children with emotional or mental disorders, work activity, child care for children with mental retardation/developmental disabilities, and case management. The MDMH contracts with regional community mental health centers and other public and private nonprofit providers for these programs.

Mental Health Problems in Mississippi

Mental Illness

The complexity of mental illness hinders professionals from determining an accurate diagnosis and classification of mental and emotional disorders. This complexity also causes problems in ascertaining the actual number of people who suffer from mental illness and associated problems. Professionals find general consensus on broad categories and problem areas but little agreement on the specifics of individual psychiatric diagnosis and treatment. In addition, no reliable comprehensive database exists to document the prevalence of mental health problems across age groups.

The National Co-morbidity Survey estimates that 52 million people, aged 15 to 54, had some type of alcohol, drug abuse, or mental health disorder within the past year. Of these, an estimated 40 million had some type of mental disorder. An estimated eight million people, or 4.5 percent, had both a mental disorder and substance abuse/dependence with the past year. (SAMHSA, U.S. Department of Health and Human Services, 1995).

The prevalence of mental illness – although difficult to assess– serves as a good indicator of the volume of need for mental health services in a given population. The negative social stigma associated with the term "mental illness" also obstructs efforts to measure the true incidence/ prevalence of most types of mental illness and behavior disorders and the need for mental health services.

By using the federal methodology published by the National Center for Mental Health Services (CMHS) for estimated prevalence of serious mental illness among adults (*Federal Register*, June 24, 1999), the MDMH estimates the prevalence of serious mental illness among adults in Mississippi as 5.4 percent or 111,751 individuals. The same methodology estimates the national prevalence for the same age group also as 5.4 percent.

In Fiscal Year 2002, a total of 54,970 adults received services through the public community mental health system, including the regional community mental health centers, and the community service divisions of the state psychiatric hospitals. A total of 45,648 of these adults had a mental illness, of which 42,564 had a serious mental illness (includes adults with a dual diagnosis of mental illness and substance abuse).

Mental Health Needs of Children/Adolescents

Precise data concerning the size of the country's population of children and adolescents with emotional or mental disorders remain difficult to obtain. The federal methodology published by the (national) Center of Mental Health Services (*Federal Register*, July 17,1998) estimates the prevalence of serious emotional disturbance nationally among children and adolescents (9-17 years of age) to be between 9-13 percent. The methodology adjusts for socio-economic differences across states. Given Mississippi's relatively high poverty rate when compared to other states, the estimated prevalence ranges for the state were on the highest end of the range, as follows:

(1) Within the broad group of children with serious emotional disturbances (9-13 percent), Mississippi's estimated prevalence range for children and adolescents, ages 9-17 years, is 11-13 percent or from 43,702 - 51,647.

(2) Within the more severely impaired group of these children (5-9 percent), Mississippi's estimated prevalence range for children and adolescents, aged 9-17 years, is 7-9 percent or from 27,810 - 35,756. The MSDMH estimates that the prevalence of serious emotional disturbance among youth in the transition age group of 18 up to 21 years is 13,434.

Note: *As pointed out in the methodology, there are limitations to these estimated prevalence ranges, including the "modest" size of the studies from which these estimates were derived; variation in the population, instruments, methodology, and diagnostic systems across the studies; inadequate data on which to base estimates of prevalence for children under nine; and inadequate data from which to determine potential differences related to race or ethnicity or whether or not the youth lived in urban or rural areas.*

In Fiscal Year 2002, the public community mental health system served 22,937 children and adolescents with serious emotional disturbance. Additionally, 419 youth were served by providers certified, but not funded by, the MDMH (for therapeutic foster care, therapeutic group homes, or adolescent offender programs certified by MDMH).

Alcohol and Drug Abuse

The abuse of alcohol and other drugs has reached pandemic proportions. Alcohol and other drug problems cause pervasive effects: biological, psychological, and social consequences for the abuser; psychological and social effects on family members and others; increased risk of injury and death to self, family members, and others (especially by accidents, fires, or violence); and derivative social and economic consequences for society at large.

Using federal resources made available by the Center for Substance Abuse Treatment, the Division of Alcohol and Drug Abuse directed multi-faceted studies – entitled "State Demand and Needs Assessment Studies, Alcohol and Other Drugs"– that provided information needed to determine the current substance use/dependence prevalence within the general and/or special subgroups of the population of the state. The results of the Adult Household Study and the In-School Adolescents Survey are reviewed below.

The *Adult Population Household Study*, conducted by the Gallup Organization during 1996-1997, provided information on substance dependence and abuse prevalence and the extent of unmet need for alcohol and drug treatment services for Mississippi adults.

The Mississippi Adult Population Household survey used the diagnosis criteria of the American Psychiatric Association's *Diagnostic and Statistical Manual of Mental Disorders, 3rd Revised Edition (DSM III-R)*, to determine whether a person should be diagnosed as dependent on or abusing a particular substance. Analysis of data allowed the following lifetime diagnosis estimates for dependence and abuse among adult Mississippians:

- 4.3 percent (83,469) were dependent on alcohol, and another 2.4 percent (46,148) were alcohol abusers.
- 0.3 percent (5,323) were dependent on marijuana. Less than 0.1 percent (1,141 persons) were diagnosed as marijuana abusers.
- 0.2 percent (3,979) were dependent on cocaine, while none were diagnosed as abusing cocaine.
- Slightly less than 0.1 percent (1,393) adults were diagnosed as dependent on methamphetamine or other amphetamines.
- Slightly less than 0.1 percent (1,312) were diagnosed as being dependent on hallucinogens.
- No one was diagnosed as being dependent on or an abuser of heroin.
- Adults under 45 years of age were more likely than those older to be dependent on or abusing drugs and alcohol.

The Adult Population Household Survey included adults living in households with telephones. Using diagnoses for dependence and abuse of substances from this survey, the study determined that approximately 120,616 adult Mississippians (6.2 percent) need treatment for alcohol; 2,229 persons (0.1 percent) need treatment for drugs; and 9,800 (0.5 percent) need treatment for both drugs and alcohol. Results of the Integrated Analysis Study, published in FY 1999, indicated that 145,622 adult Mississippians were in need of substance abuse treatment in 1997, representing 7.45 percent of the total population. This conservative estimate includes adults without telephones, incarcerated persons in group quarters receiving psychiatric care, and homeless persons.

The Bureau of Education Research and Evaluation at Mississippi State University conducted the *Mississippi In-School Adolescents Survey* during the 1996-97 academic year to assess the prevalence and frequency of drug use, attitudes toward drugs and their usage, involvement in drug-related education and treatment efforts, and other characteristics pertaining to substance usage among school age youth, grades 6-12. Students within randomly selected classrooms participated in written surveys.

The study indicated that the past month prevalence of drug use among United States students, across eight types of drugs studied –except for cocaine and crack – is generally lower than the monthly prevalence reported by Mississippi students. For example, the past month prevalence of alcohol use by 12th graders in Mississippi was 64 percent, compared to 50.8 percent nationwide, and marijuana use by 12th graders in Mississippi was 23.5 percent, compared to 18.5 percent nationwide.

The lifetime prevalence reported by students across the U.S. regarding drug use is higher than the lifetime prevalence rates reported by students in Mississippi; however, for alcohol, Mississippi students reported higher lifetime prevalence rates (12th grade-83.7 percent) than national samples of students (12th grade-79.2 percent). One interesting characteristic of these data shows that steroid, cocaine, crack, and hallucinogen lifetime prevalence is greater among younger students, while monthly prevalence is more prominent among older students. This study suggests that more

younger students may be trying more drugs than before; thereby leading to a more dramatic increase of drug use in the future.

Additional results of this study indicate the following estimates for students in grades 6-12 during the past month:

- 23.8 percent had used cigarettes;
- 9.1 percent had used smokeless tobacco;
- 32.1 percent had used beer; 33.4 percent had used wine cooler; 25.7 percent had used wine; and 24.4 percent had used liquor; and
- 12.7 percent had used marijuana; 2.3 percent had used hallucinogens; 3.8 percent had used uppers; 1.0 percent had used cocaine; and 0.6 percent had used crack.

Management Information System

Analysis of monthly client admission and discharge data submitted by all treatment programs funded by the Division of Alcohol and Drug Abuse provides an additional avenue for monitoring service utilization. The Division continues to refine the Mississippi Substance Abuse Management Information System (MSAMIS) project initiated in 1979. The Division supplies manuals to all service providers that it funds. The manual contains information pertaining to client-related data definitions and requirements for collection and transmission. The MDMH also integrates federal minimum data sets for alcohol and mental health services within a statewide information management system. Implementation of the statewide information management system continues.

Developmental Disabilities

In general, the term "developmental disabilities' means a severe, chronic disability of an individual that:

(1) Is attributable to a mental or physical impairment or a combination of mental and physical impairments;
(2) Is manifested before the person attains age 22;
(3) Is likely to continue indefinitely;
(4) Results in substantial functional limitations in three or more of the following areas of major life activity: self care, receptive and expressive language, learning, mobility, self-direction, capacity for independent living, and economic self-sufficiency; and
(5) Reflects the individual's need for a combination and sequence of special, interdisciplinary, or generic services, individualized supports, or other forms of assistance that are of lifelong or extended duration and are individually planned and coordinated.

Infants And Young Children: An individual from birth to age nine, inclusive, who has a substantial developmental delay of specific congenital or acquired condition, may be considered to have a developmental disability without meeting three or more of the criteria described in (1) through (5) above, if the individual, without services and support, has a high probability of meeting those criteria later in life.

The nationally-accepted prevalence rate for persons with developmental disabilities in the state is estimated at 1.8 percent of the general population. Applying the 1.8 percent prevalence rate to Mississippi's 2005 population as projected by the Center for Policy Research and Planning of the

Mississippi Institutions of Higher Learning results in a total of 53,847 individuals who may have a developmental disability. Table IX-1 presents the prevalence of the possible developmentally disabled population by type of disability. It is important to note that most categorical prevalence rates for developmental disabilities fail to consider the presence of multiple disabilities. Thus, the estimates in Table IX-1 for specific disabilities do not capture that separate category.

Based on the 2005 projected population, service need is estimated by age ranges as follows:

Ages	0-4	5-17	18-24	25-34	35-44	45-54	55-64	65-74	75-84	85+
% of Pop.	6.8	26.8	11.0	13.0	13.5	13.4	9.8	6.6	4.7	2.0

Mental Health Services Delivery System

The mental health delivery system in Mississippi includes a wide range of services and settings. Supportive services are impossible to list because these would include any individual or organization providing relief for an emotional problem that impairs the ability of an individual to function normally. Direct services are those whose primary mission involves the detection and treatment of mental illness, substance abuse, and mental retardation/developmental disabilities.

Although quasi-public and private agencies provide an assortment of programs, state government provides or finances the majority of mental health services. This is especially true of residential treatment services. As mentioned previously, Mississippi has four state-operated hospitals for individuals with mental illness: Mississippi State Hospital (MSH) at Whitfield; East Mississippi State Hospital (EMSH) at Meridian; North Mississippi State Hospital (NMSH), an acute psychiatric hospital for adults in Tupelo; and South Mississippi State Hospital (SMSH), an acute psychiatric hospital for adults in Purvis.

Mississippi State Hospital reported a total of 2,061 licensed beds for FY 2002. This total includes 1,958 beds at the main hospital and two separately-licensed facilities operated by MSH: Oak Circle Center, a 60-bed child-adolescent psychiatric hospital, and Whitfield Medical/Surgical Hospital, a 43-bed acute care hospital. The 1,958 beds at the main hospital included 479 skilled nursing facility (nursing home) beds. East Mississippi State Hospital reported 635 licensed beds for FY 2002, including 228 nursing home beds and 22 Training Center beds. Table IX-2 gives a breakdown of the type and number of beds set up and staffed for each facility in FY 2002.

Table IX-1
Developmentally Disabled Population of Mississippi by Type of Disability
2002

Type of Disability	Percent Prevalence Rate
Mentally Retarded *(Profound, severe, moderate, a few mild)*	.5
Cerebral Palsy	.3
Epilepsy	.25
Autism	.05
Learning Disabled *(Chronic-socially impaired)*	.1
Other severe chronic *(e.g. but not limited to deaf-blind, multiple handicapped, deaf, ostogenesis imperfecta, cystic fibrosis, spina bifida, muscular dystrophy, etc.)*	.2

Sources: State of Mississippi Developmental Disabilities Service Plan, FY 97-99

Table IX-2
Number of Licensed Beds Set Up and Staffed by Service Unit in State Psychiatric Facilities
FY 2002

Facility	Acute and Intermediate Psychiatric (Adult)	Continued Psychiatric Treatment/Chronic Care (Adult)	Chemical Dependence (Adult)
EMSH	125 Acute and 56 Intermediate	144	25
MSH	221 Acute and 82 Intermediate	295	115
Total	**484**	**439**	**140**
Facility	**Child/Adolescent Acute (Psychiatric/ Chemical Dependence)**	**Medical Convalescent Care**	**Forensic Services**
EMSH	50	7	—
MSH	60	—	35
Total	**110**	**7**	**35**
Facility	**Nursing Facility**	**Medical/Surgical Hospital**	**Training Center**
EMSH	226	—	22
MSH	479	32	—
Total	**705**	**32**	**22**

Source: Mississippi State Department of Mental Health and FY 2002/Calendar Year 2003 application for renewal of hospital license

Note: The above data is for State FY 2002 as indicated.

Adult Psychiatric Services

Mississippi's four state-operated hospitals provide the majority of inpatient psychiatric care. MSH reported a total of 1,347 adult psychiatric licensed beds; EMSH reported 3,322, and both NMSH and SMSH reported 50 each of such beds. The four facilities reported 3,515 admissions to adult psychiatric services in FY 2002 — 1,680 to MSH, 981 to EMSH, 460 to NMSH (104 were also admitted to crisis programs), and 394 to SMSH.

In addition to the facilities listed above, Mississippi has 13 hospital-based and two freestanding adult psychiatric facilities, with a capacity of 546 licensed beds for adult psychiatric patients, distributed throughout the state. The criteria and standards section of this chapter provides a full description of the services that private facilities must provide. Map IX-1 shows the location of inpatient facilities in Mississippi serving adult acute psychiatric patients, and Table IX-3 shows utilization statistics.

Even though many of the private facilities have low occupancy rates, the state institutions provide the majority of inpatient care for the medically indigent. Medically indigent patients have difficulty gaining access to private psychiatric facilities in their respective communities.

This problem seeks a complex answer. Some suggest that the Legislature appropriate additional funds from which the Department of Mental Health could purchase services from the private sector. Others believe that the state should require private facilities to set aside a percentage of beds exclusively for the treatment of indigent patients. Certifying freestanding facilities for Medicaid reimbursement would also increase access. While all of these steps might be useful, it is extremely difficult to ensure that all Mississippians have ready access to psychiatric services.

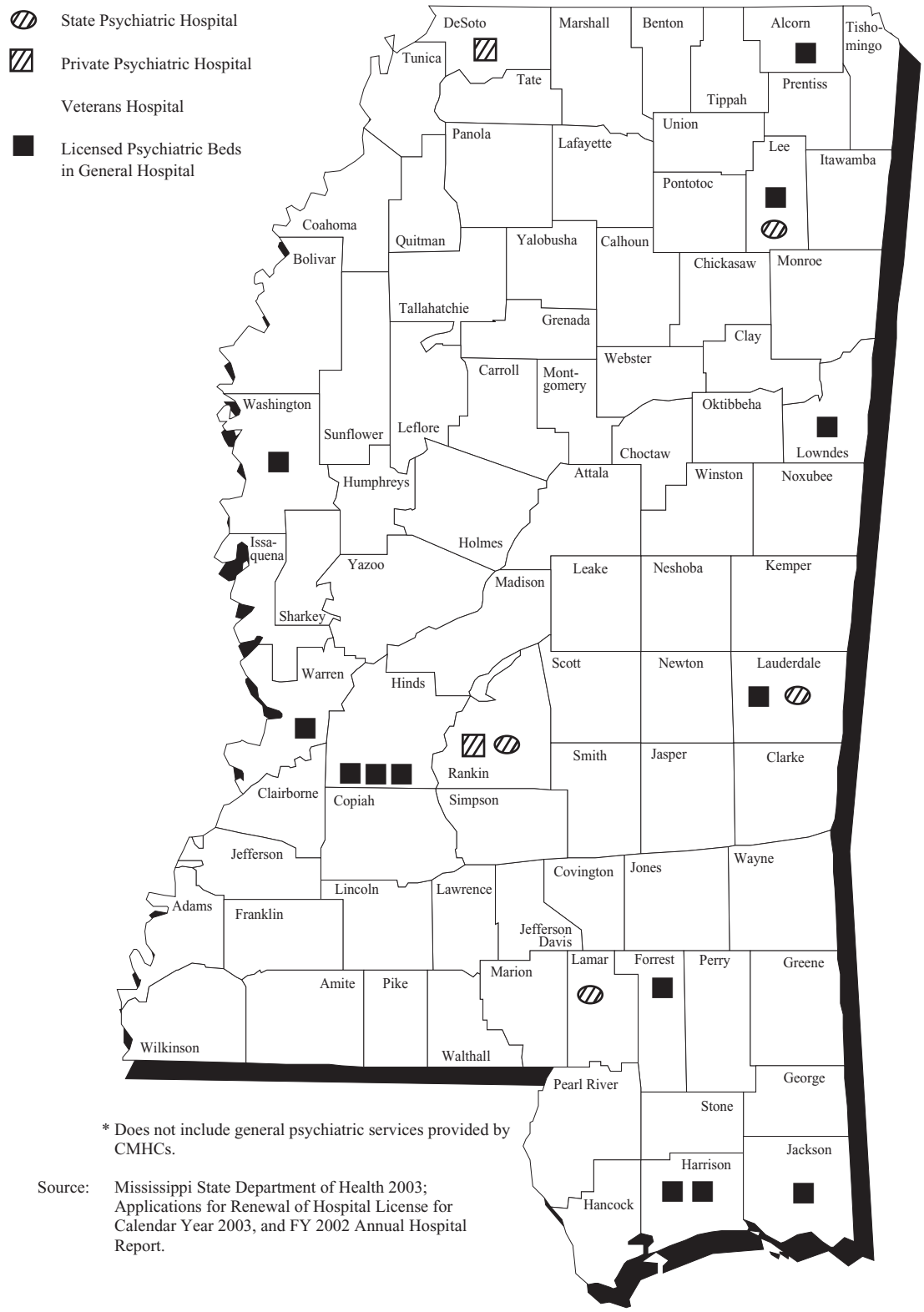
To help address the problem, the State Legislature and the Governor approved funding for development of two 50-bed acute inpatient psychiatric hospitals designed to serve individuals closer to their home communities and/or families and to address the waiting list for services at the existing hospitals. The North Mississippi State Hospital (NMSH), located in Tupelo, opened in April 1999 and serves an 18-county area. The South Mississippi State Hospital (SMSH), located in Purvis, opened in June 2000 and serves a ten-county area. These new hospitals are designed to provide acute inpatient psychiatric services to adults. Individuals in need of longer-term continued treatment will be referred to the East Mississippi State Hospital in Meridian or the Mississippi State Hospital in Whitfield.

Funding was also approved for construction of seven state crisis intervention centers to be operated as satellites to existing and new facilities operated by the Department of Mental Health. These centers provide more immediate access for individuals in crisis, including those who have been committed to one of the state hospitals, when a bed is not readily available. The new crisis centers will provide short-term treatment and stabilization services 24 hours a day, seven days a week. After treatment at the centers, individuals will, hopefully, be able to remain in their home community. Care will be coordinated through referral and linkage with community service providers and with inpatient facilities, as appropriate, to meet the needs of individuals requiring longer-term treatment and/or follow-up services. These centers are designed as 17-bed facilities and will meet standards for hospital services and facilities of the MSDH and the Joint Commission on Accreditation of Healthcare Organizations (JCAHO). The crisis centers will initially serve adults. As the state crisis centers are further developed, the MDMH will consider the provision of comprehensive crisis centers for children and adolescents, as approved by the Legislature and the State Board of Mental Health.

The location for the seven centers, as determined by the Mississippi State Board of Mental Health, are Corinth, Newton, Grenada, Laurel, Cleveland, Brookhaven, and Batesville. The centers will be located near, or have access to, a medical facility that can accommodate medical emergencies. For example, the crisis center in Corinth is located adjacent to the Magnolia Hospital. The center in Corinth, which is operated by NMSH, is open and operating eight of 16 beds. The center in Newton is near completion, and the other five centers are in various stages of planning.

Renovation of the Central Mississippi Residential Center (CMRC), formerly the Clarke College property, in Newton is nearing completion. CMRC will provide a specialized residential treatment program for adults with long-term, serious mental illness who are discharged/transferred from the state psychiatric hospitals. When the total project is completed, the projected capacity will be 168 beds (24 in supervised apartments and 144 group home beds). The construction/renovation of 72 beds on campus (24 in supervised apartments and 48 beds in group homes) and 18 beds off campus on group homes constitutes the first phase of development of this project.

Map IX-1
Operational and Proposed Inpatient Facilities Serving Adult Acute Psychiatric Patients*



* Does not include general psychiatric services provided by CMHCs.

Source: Mississippi State Department of Health 2003; Applications for Renewal of Hospital License for Calendar Year 2003, and FY 2002 Annual Hospital Report.

Table IX-3
Acute Psychiatric Bed Utilization
FY 2002

Facility	County	Licensed/CON Approved* Beds	Inpatient Days	Occupancy Rate (%)**	Discharges	ALOS
Alliance Health Center	Lauderdale	24	7,803	89.08	844	9.25
(Adolescent)		22	10,389	129.37	533	19.85
Baptist Memorial Hospital - Golden Triangle	Lowndes	22	2,626	32.70	337	6.20
Brentwood Behavioral Health Care	Rankin	74	7,233	26.78	719	9.98
(Adolescent)		33/38 *	12,683	105.30	833	15.22
Central Mississippi Medical Center	Hinds	29	6,711	63.40	777	8.64
Children's Hospital - Vicksburg	Warren					
(Adolescent)		20 *				
Delta Regional Medical Center	Washington	16	1,658	28.40	212	8.00
Diamond Grove Center						
(Adolescent)	Winston	20	5,491	75.21	385	14.26
Forrest General Hospital	Forrest	40	11,228	76.90	1,916	5.86
(Adolescent)		16 ***	7,942	135.99	941	8.44
Gulf Coast Medical Center	Harrison	34	7,159	66.36	1,082	6.61
(Adolescent)		11	1,635	40.72	204	8.10
Magnolia Regional Health Center	Alcorn	19	4,602	56.36	483	9.53
Memorial Hospital at Gulfport	Harrison	59	9,989	46.38	1,506	6.63
(Adolescent)		30	2,948	26.92	200	14.74
North Mississippi Medical Center	Lee	33	10,000	83.02	1,085	8.57
(Adolescent)		15 *				

Table IX-3 (continued)
Acute Psychiatric Bed Utilization
FY 2002

Facility	County	Licensed/CON Approved* Beds	Inpatient Days	Occupancy Rate (%)**	Discharges	ALOS
Parkwood Behavioral Health System	DeSoto	22	8,455	105.29	715	8.64
(Adolescent)		36	12,275	93.41	928	11.16
River Region Health System	Warren	40	7,865	53.86	794	9.76
Singing River Hospital	Jackson	30	7,637	69.74	940	9.08
St. Dominic Hospital	Hinds	83	18,907	62.40	1,756	10.98
University Medical Center	Hinds	21	6,373	83.14	821	7.76
(Adolescent)		12	117	5.45	42	2.78
Total Adult		**546**	**118,246**	**59.34**	**13,987**	**8.28**
Total Adolescent		**180/73 ***	**53,480**	**81.44**	**4,066**	**13.27**

* CON approved
** Occupancy rate calculated using number of licensed beds
*** Forrest General Hospital (Adolescent) calculated at 24 beds
Note: Unless otherwise noted, the above psychiatric beds are designated for adults

Sources: Applications for Renewal of Hospital License for Calendar Year 2003 and FY 2002 Annual Hospital Report; and Division of Health Planning and Resource Development Computations

Child/Adolescent Psychiatric Services

Although Mississippi has made progress in addressing the need for specialized services for children and adolescents, significant problems remain. Three freestanding facilities and five hospital-based facilities, with a total of 180 licensed beds, provide acute psychiatric inpatient services for children and adolescents. Two other hospital and two freestanding facilities have received Certificate of Need approval for these services; these facilities will provide an additional 73 beds. Map IX-2 shows the location of inpatient facilities that serve adolescent acute psychiatric patients, and Table IX-3 gives utilization statistics. The criteria and standards section of this chapter provides a further description of the programs that inpatient facilities offering child/adolescent psychiatric services must provide.

The Department of Mental Health operates a separately-licensed 60-bed facility (Oak Circle Center) at Mississippi State Hospital to provide short-term inpatient psychiatric treatment for children and adolescents between the ages of four and 17 years 11 months. East Mississippi State Hospital (EMSH) provides 40 acute psychiatric beds for adolescents, and a new 50-bed adult psychiatric and chemical dependency treatment unit for adolescents opened at EMSH in July 2002 (replacement for previous acute care unit). Preplanning has begun for a 75-bed, long-term psychiatric residential treatment center for adolescents to be operated by EMSH.

A specialized 48-bed treatment facility for youth with mental retardation who are involved with the criminal justice system opened in Brookhaven in 1999. Construction of a similar facility for youth who meet commitment criteria for mental illness and who are involved with the criminal justice system has been completed in Harrison County; however, opening of the facility has been postponed because of the recent economic downturn and subsequent budgetary restrictions.

In 1990, the Mississippi Legislature authorized the State Department of Health to establish Certificate of Need criteria and standards for a new category of facility – the psychiatric residential treatment facility (PRTF). These facilities serve emotionally disturbed children and adolescents who are not in an acute phase of illness that requires the services of a psychiatric hospital, but who need restorative residential treatment services. "Emotionally disturbed" in this context means a condition exhibiting certain characteristics over a long period of time and to a marked degree. The criteria and standards section of this chapter describes these facilities more fully. A total of 353 PRTF beds are now authorized: four facilities are in operation, with a total of 173 beds; two facilities, with a total of 60 beds, are presently inactive; and two facilities have received CON authority to open 60 beds each. Map IX-3 presents the location of existing and CON-approved psychiatric residential treatment facilities.

Children and adolescents who need psychiatric residential treatment beyond the scope of these residential treatment centers are served in acute psychiatric facilities or sent out of the state to other residential treatment facilities. A small number of these children/adolescents with multiple problems have been placed in ICF/MR nursing homes.

In FY 2002, MDMH continued to make funds available to support services provided through 16 therapeutic group homes, including three transitional therapeutic homes that received DMH support from mental health services for youth. These homes served a total of 286 children and youth during the year. Group homes that received funding from MDMH in FY 2002 were:

- Parkview Home for Youth (girls), West Point, operated by Region VII Community Counseling Services (counted as two homes);

- Bacot Home for Youth (boys), Pascagoula, operated by Saint Francis Academy;
- Powers Group Home for Girls, operated by Mississippi Children's Home Society & Family Service Association;
- Pinebelt Therapeutic Group Home for Boys, Petal, operated by Region XII, Pinebelt Mental Healthcare Resources;
- Able I, Able II, Able III (three homes) Therapeutic Group Homes for Dually Diagnosed Boys (MR/EMD), Picayune, operated by St. Francis Academy;
- Hope Haven Crisis Residential Therapeutic Group Home, Jackson, operated by Catholic Charities, Jackson (stays limited to 14 days unless extension approved by MDMH);
- Rowland Home for Youth (boys), Grenada, operated by Mississippi Children's Home Society & Family Service Association;
- Harden House, Fulton, operated by Southern Christian Services for Children and Families;
- The Bridge at Signal Hill (for girls), Vicksburg, operated by Southern Christian Services for Children and Families; and
- Hope Village For Children, four therapeutic group homes for males and females, ages 8-16 years.

Also, an additional 76 youths were served through therapeutic group homes certified, but not funded, by MDMH. Those homes included:

- Millcreek Therapeutic Homes (males), Magee, operated by Millcreek Rehabilitation Center;
- McCarthy House (males), Magee, operated by Millcreek Rehabilitation Center;
- Bass Group Home (females), Clarksdale, operated by United Methodist Ministries;
- Hannah's House (female), Columbus, operated by United Methodist Ministries;
- Monroe Group Home (males), Amory, operated by United Methodist Ministries;
- Pendleton Group Home (males), Natchez, operated by United Methodist Ministries; and
- Therapeutic Group Home (males), Jackson, operated by Center for Family Life Extension, Inc.

Additionally, in FY 2002, the MDMH continued to make funding available to Catholic Charities, Inc. for 25 therapeutic foster care homes providing therapeutic foster care services for 27 youths. Senior Services, Stepping Stones, United Methodist Ministries, Mississippi Children's Home Society, and Youth Village, non-profit private providers certified but not funded by MDMH, provided therapeutic foster care services to 98 youth in FY 2002.

A Division of Children and Youth Services staff member provides technical assistance and support to the homes, including documentation of site visits, record monitoring, and technical assistance activities. The MDMH provided funding for five specialized outpatient intensive crisis intervention projects that affected primarily single-county areas; these projects served 382 youths (not including other support activities). The MDMH also continued to provide funding to four model comprehensive intensive crisis intervention programs for youth with serious emotional disturbance or behavioral disorders who are in crisis or who are identified as at risk for residential placement (operated by Catholic Charities, Inc. in the Jackson Metro area, by Community Counseling Services in the Region VII [east-central] area of the state]; by Pine Belt Mental Health Care Services in Region XII [southeastern area of the state]; and Region VIII Community Mental Health Center.

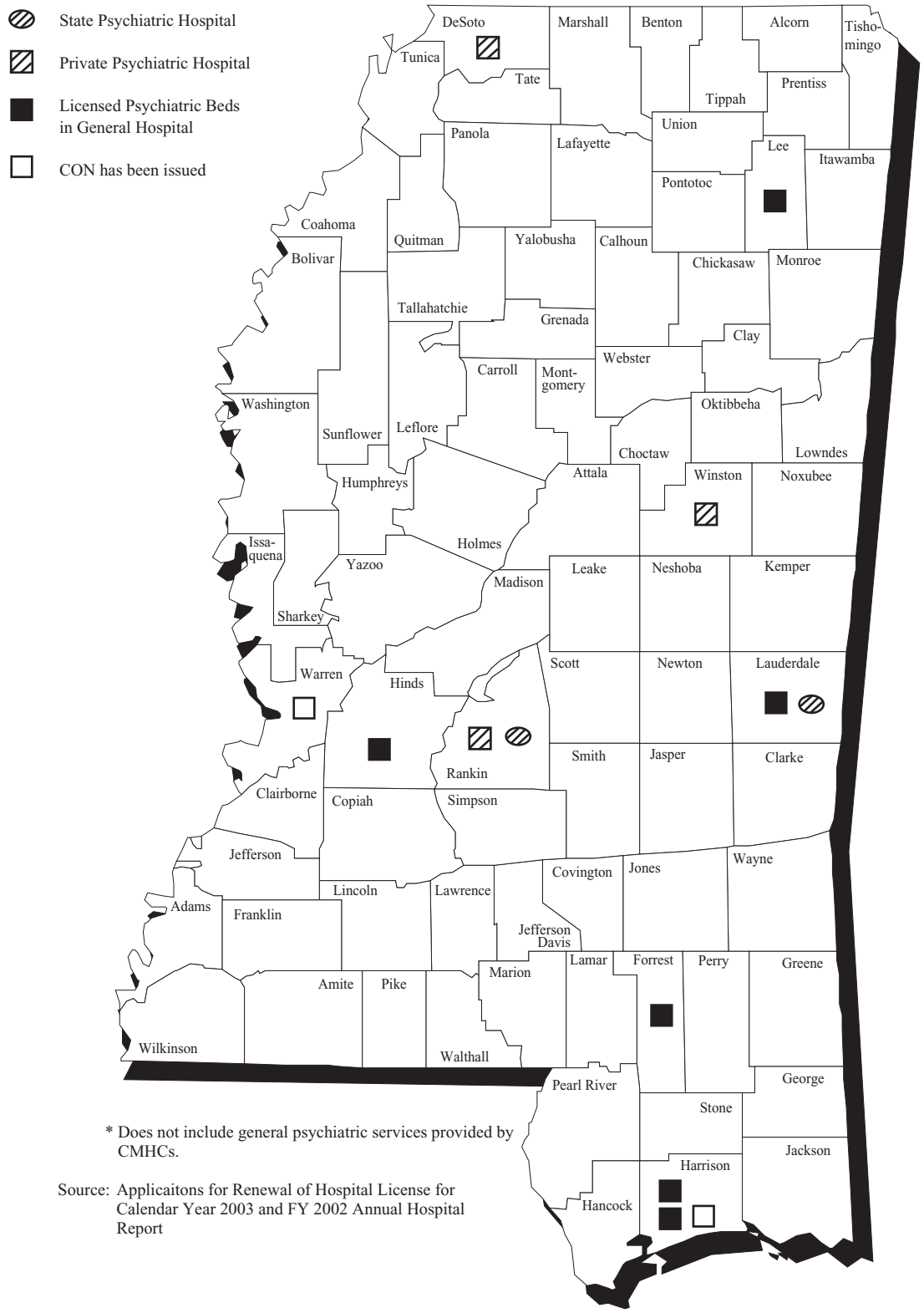
While inpatient services are sometimes necessary, every child/adolescent in the state should have access to appropriate community-based mental health services. This concept would provide

an array of regional mental health services, allowing children/adolescents with emotional distress to be given the most appropriate and least restrictive service in or near the home community. Based on availability of adequate funding, regional community mental health centers could provide this array of community-based services.

The development of community-based programs provides many advantages. Such programs are generally less expensive, more family oriented, and frequently more effective than centralized institutional programs. Mississippi's Community Mental Health Plan describes an ideal comprehensive community mental health system for children, which would include the following major components:

- Prevention
- Diagnosis and evaluation/early intervention
- Case management
- Crisis intervention
- Outpatient services
- Day treatment/psychosocial rehabilitation
- Respite services
- Family education/support
- Community-based residential services
- Community residential treatment for alcohol/drug problems
- Protection and advocacy
- Inpatient services
- Therapeutic support services, including staff training and human resource development
- Other support services.

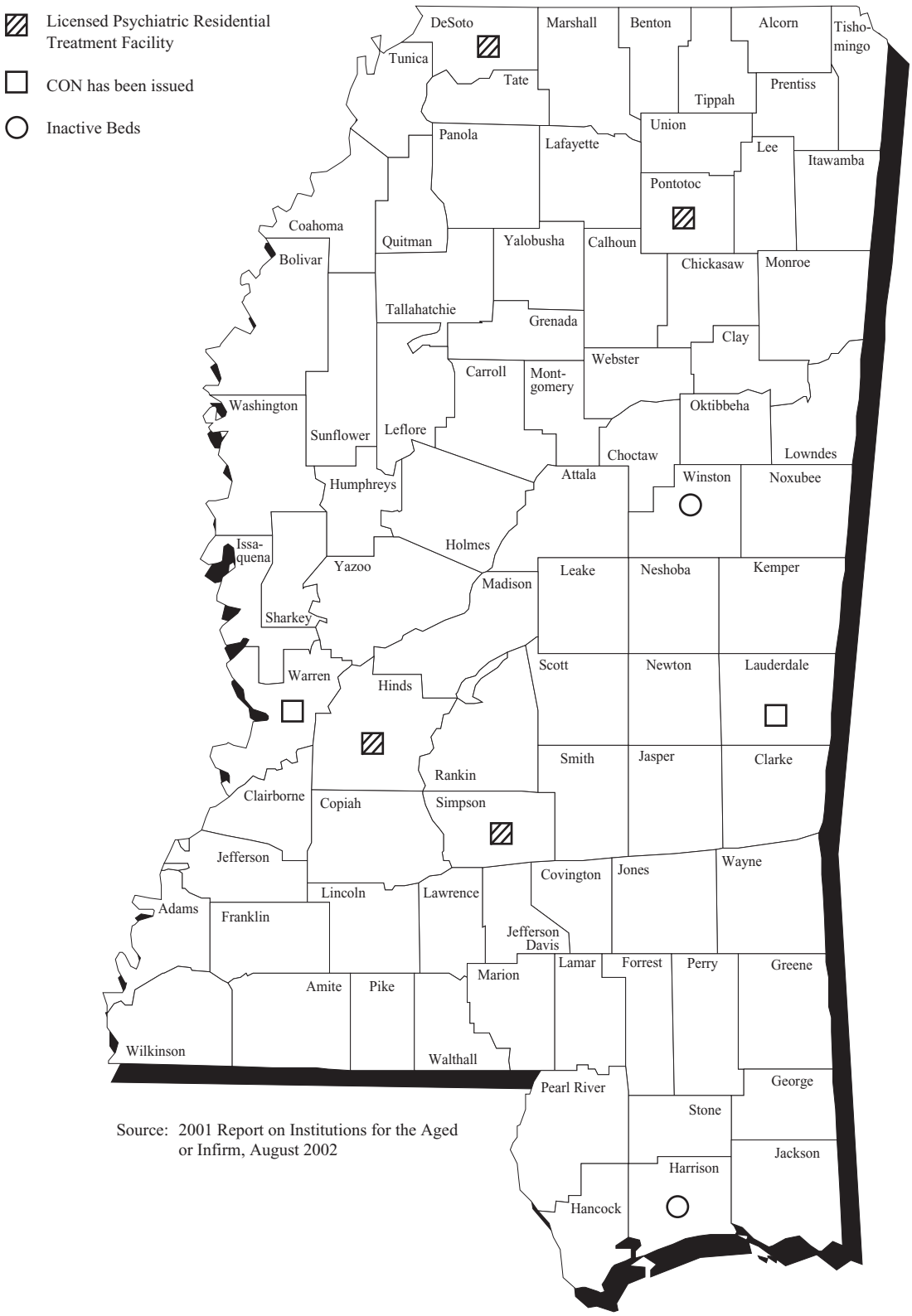
Map IX-2
Operational and Proposed Inpatient Facilities Serving Adolescent Acute Psychiatric Patients*



* Does not include general psychiatric services provided by CMHCs.

Source: Applicaitons for Renewal of Hospital License for Calendar Year 2003 and FY 2002 Annual Hospital Report

Map IX-3
Psychiatric Residential Treatment Facilities



Source: 2001 Report on Institutions for the Aged or Infirm, August 2002

Alcohol and Drug Abuse Services

Maps IX-4 and IX-5 show the locations of alcohol and drug abuse programs throughout the state. Each of the 15 regional community mental health-mental retardation centers provide a variety of alcohol and drug services at the local level, including residential and transitional treatment programs. A total of 36 such residential programs for adults and adolescents are scattered throughout the state. These specialized programs provide alcohol and drug treatment services in a controlled environment with emphasis on group living. Community Residential Treatment Services typically include individual, group, and family counseling; a working relationship with vocational rehabilitation services; and referral to other appropriate community programs and agencies. The programs usually have close ties with such groups as Alcoholics Anonymous and Narcotics Anonymous. These programs also provide after-care services to assist individuals in transition from treatment.

Funding for these programs comes from state and federal monies. State funds are generated from a three percent markup on sales of distilled spirits and wine. These funds are specifically earmarked for the support of 19 regional residential treatment programs; 17 transitional treatment programs, aftercare, and detoxification programs; vocational rehabilitation services to alcoholics; the inpatient alcohol unit at Mississippi State Hospital; and the alcohol program at Mississippi State Penitentiary at Parchman. Under state law, the three percent monies must be spent for treatment services only, and funds cannot be used for prevention programs.

Fifteen general hospitals and one freestanding facility in Mississippi offer alcohol and drug abuse treatment programs or have CON approval to provide such programs. Additionally, the state hospitals at Whitfield and Meridian and the Veterans Administration Hospitals in Jackson and Gulfport provide inpatient services including detoxification, assessment and evaluation, counseling, aftercare, and referral.

Four programs in the state are designed to treat special targeted populations: (1) the Mississippi State Penitentiary at Parchman provides counseling and rehabilitation services to inmates during their incarceration and follow-up after their release; (2) the Center for Independent Learning in Jackson, a transitional/residential facility, helps female offenders with a history of alcohol/drug abuse make the transition from incarceration back into society; (3) the Mississippi Band of Choctaw Indians offers a treatment program on the Neshoba County reservation that includes counseling and referral to other appropriate community agencies; and (4) the Alcohol Services Center in Jackson serves low-income groups and provides crisis intervention, counseling, and referral. All of these programs also offer many of the services provided by regular treatment resources.

In FY 2002, alcohol treatment programs were utilized as follows: (a) 10,558 individuals served in outpatient services, (b) 986 served in intensive outpatient programs, (c) 6,784 individuals served in primary residential treatment programs; (d) 697 individuals served in transitional treatment programs; (e) 1,141 adults served in the inpatient chemical dependence facilities in the state hospitals; (f) 2,161 inmates admitted to the alcohol and drug program at the state penitentiary at Parchman; (g) 157 individuals served through a nonprofit program receiving MDMH funding, which provided day treatment services for women at the Rankin County Correctional Facility; and (h) approximately 6,151 admissions to private sector inpatient programs (based on discharges). **Note**: These statistics may not represent an unduplicated count.

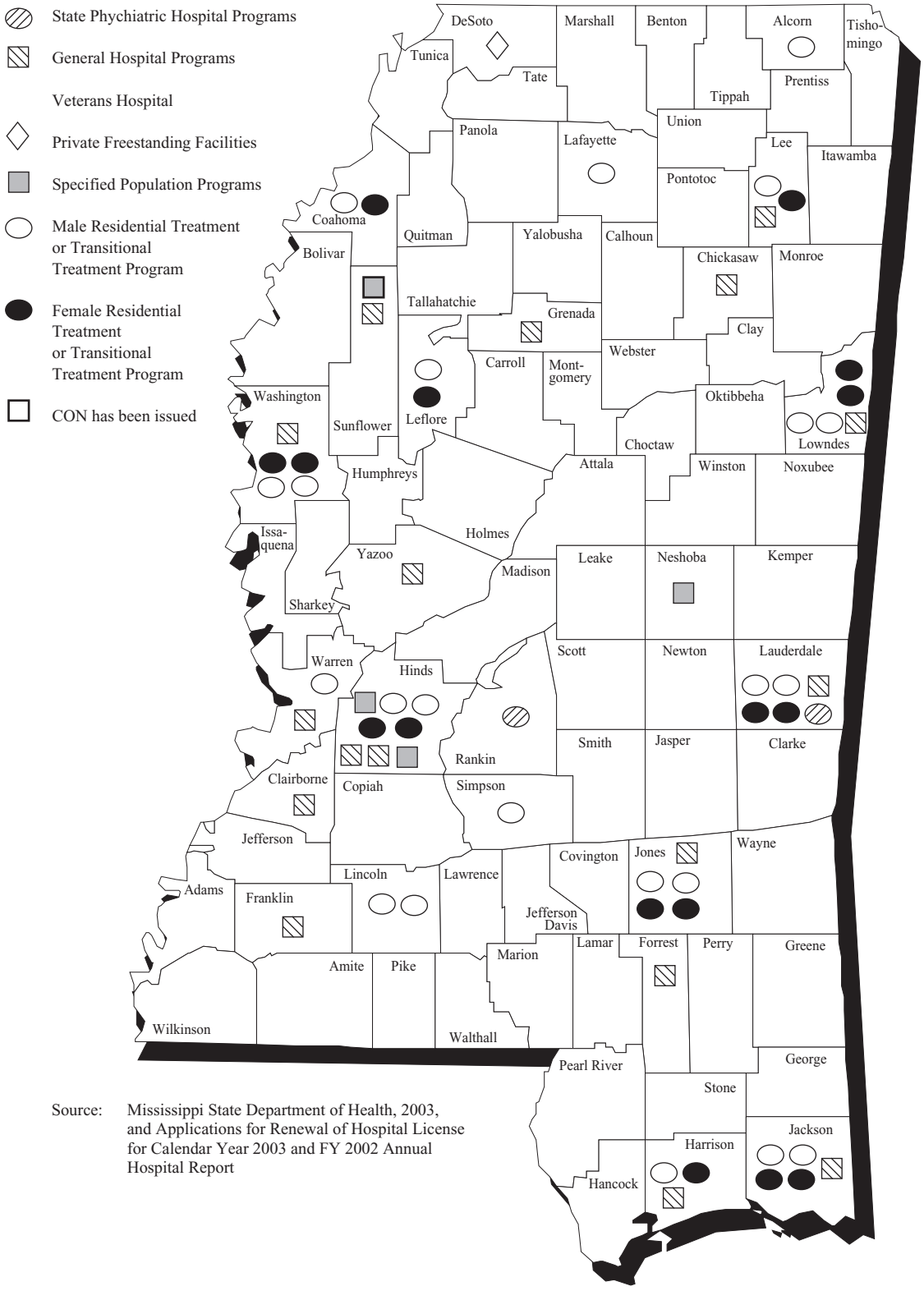
The MDMH contracted with the Department of Rehabilitation Services (DRS) for vocational rehabilitation services to people in local substance abuse transition programs. In FY 2002, the DRS

Office of Vocational Rehabilitation served 841 persons through this program. The MDMH continued funding for three community-based residential treatment programs for adolescents (capacity 56 beds), which served 125 adolescents with substance abuse or dual disorders.

The publicly-funded alcohol and drug treatment programs in the state are heavily utilized. Mississippi State Hospital at Whitfield maintains a waiting list for individuals needing treatment, yet the 16 private sector inpatient facilities reported an average occupancy rate of 35.08 percent for 2002. Table IX-4 shows utilization statistics.

Most of the patients admitted to Mississippi State Hospital do not have insurance and cannot pay for the services they receive. Private sector hospitals could help solve the problem of unserved chemically dependent individuals by setting aside a specific number of beds for the care of indigent patients. However, private sector facilities resist admitting indigent patients. Although no mechanism exists to reimburse these facilities for indigent care, hundreds of individuals who need inpatient CDU services will continue to go untreated unless the private sector accepts the responsibility of helping to solve this serious problem.

Map IX-4
Operational and Proposed Adult Chemical Dependency Programs and Facilities



Source: Mississippi State Department of Health, 2003, and Applications for Renewal of Hospital License for Calendar Year 2003 and FY 2002 Annual Hospital Report

Map IX-5
Operational and Proposed Adolescent Chemical Dependency Programs and Facilities

Source: Applications for Renewal of Hospital License for Calendar Year 2003 and FY 2002 Annual Hospital Report

Table IX-4
Chemical Dependency Bed Utilization
FY 2002

Facility	County	Licensed/CON Approved* Beds	Inpatient Days	Occupancy Rate (%)**	Discharges	ALOS
Alliance Health Center	Lauderdale	8	1,984	67.94	443	4.88
Baptist Memorial Hospital-Golden Triangle	Lowndes	21	506	6.60	177	5.26
Claiborne County Hospital	Claiborne	6	217	34.78	24	8.88
Delta Regional Medical Center	Washington	15	3,088	56.40	522	5.91
Forrest General Hospital	Forrest	24	7,564	86.35	1,403	5.43
(Adolescent)	Forrest	8	0	0	0	0
Franklin County Memorial Hospital	Franklin	13	398	8.38	54	7.50
Kings Daughters Hospital	Yazoo	7	781	30.56	107	7.14
Memorial Hospital at Gulfport	Harrison	20	0	0	0	0
MS Baptist Medical Center	Hinds	81	8,252	24.96	650	12.79
(Adolescent)		20	1,293	17.71	101	13.00
North MS Medical Center	Lee	33	3,872	32.14	749	5.41
North Sunflower County Hospital	Sunflower	8	1,840	63.01	216	8.63
Parkwood Behavioral Health System	DeSoto	14	1,353	26.47	179	7.44
River Region Health System	Warren	28	4,914	48.08	503	9.36
(Adolescent)		12	2,434	55.57	192	12.57
Singing River Hospital	Jackson	11	0	0	0	0
South Central Regional Medical Center	Jones	10	1,861	50.98	204	9.12
St. Dominic Hospital	Hinds	35	6,760	52.91	651	10.48
Total Adult		**334**	**43,390**	**39.23 ***	**5,882**	**7.53**
Total Adolescent		**40**	**3,727**	**31.91 ****	**293**	**12.72**

*Based on 303 beds, excluding 20 beds at Memorial Hospital and 11 beds for Singing River Hospital
**Based on 32 beds, excluding eight beds at Forrest General Hospital
Note: Unless otherwise noted, the above chemical dependency beds are designed for adults
Sources: Applications for Renewal of Hospital License for Calendar Year 2003 and Fiscal Year 2002 Annual Hospital Report

Mental Retardation/Developmental Disabilities Services

Services available through the Department of Mental Health include an array of programs designed to meet the needs of individuals with mental retardation or developmental disabilities. Programs and activities for persons residing in their local communities include community living, system coordination and community education, early intervention, and employment. Five state Regional Centers at Long Beach, Ellisville, Sanatorium, Whitfield, and Oxford offer residential services, as well as direct and auxiliary support, for all services within the regions. The Regional Community Mental Health-Mental Retardation Commissions and a number of independent, non-profit, private service providers offer similar community programs.

The Mississippi Department of Mental Health serves as the designated state agency (DSA) to administer funds available through the federal Developmental Disabilities Program. The Mississippi Council on Developmental Disabilities (MCDD) strives to identify need, plan services, and advocate for new services to meet individual needs in various communities. More than 170 public and private agencies, organizations, or programs provide a myriad of services to persons with mental retardation and developmental disabilities; however, the Council recognizes the need for additional services for persons unserved or underserved. Most of the services and programs presently available are at maximum capacity, indicating the continuing need to expand all types of services.

The MCDD funded services designed to promote community inclusion for people with developmental disability and their families. This funding may include one-time projects, special events, support for training activities, short-term demonstrations (not to exceed three years), product development activities, and special focus investments. MCDD investments must support at least one of the following Administration on Developmental Disabilities (ADD) Areas of Emphasis (Priority Areas): (a) quality assurance (which means that people have control, choice, and flexibility in the services/supports they receive); (b) employment (which refers to individuals getting and keeping employment consistent with their interest, abilities, and needs; (c) community living/housing (which involves adults choosing where and with whom they live); (d) health (referring to individuals being healthy and benefitting from the full range of services); (e) education/child development (resulting in students reaching their educational potential); (f) formal and informal community support (characterized by every individual being a valued, participating member of their community), (g) transportation (which refers to people being able to go and participate in community activities of their choice; and (h) recreation (which refers to people being able to participate in leisure activities of their choice). Regulations require that 65 percent of the federal Developmental Disabilities funds be invested in these Areas of Emphasis.

The federal Center for Medicare and Medicaid Services (CMS) approved a Home and Community-Based Services - MR/DD Waiver Program for Mississippi that began July 1995. The program provides services to persons with mental retardation/developmental disabilities who would require the level of care found at an intermediate care facility for the mentally retarded if waiver services were not available. The waiver has received state approval until 2003, at which time a renewal will be requested. The waiver program is available statewide to persons of all ages, with approval contingent on funding to serve up to 2,400 people. The waiver expands services to include attendant care, respite (in-home nursing or companion, community, or ICF/MR), day habilitation, residential habilitation (supported or supervised), pre-vocational services, supported employment, behavior support/intervention, specialized medical supplies (diapers and pads), physical therapy, occupational therapy, and speech/language/hearing therapy. Each of the five Department of Mental Health Comprehensive Regional Centers employs support coordinators to help eligible individuals with

disabilities and their families navigate the evaluation process and to monitor the provision of waiver services.

Approximately 44,000 Mississippians may have developmental disabilities and/or mental retardation; the majority of these presently live outside the residential programs. Given the life expectancy of persons with developmental disabilities, combined with the deaths of family members providing primary care to those living at home, the state needs approximately 500 additional state-supported living alternatives. In conjunction with the continued establishment of community living programs, the Bureau of Mental Retardation believes that its employment and work opportunity programs must be continued and expanded. The Bureau is also committed to statewide expansion of early intervention programs for children with developmental disabilities and their families.

Community-Based Services

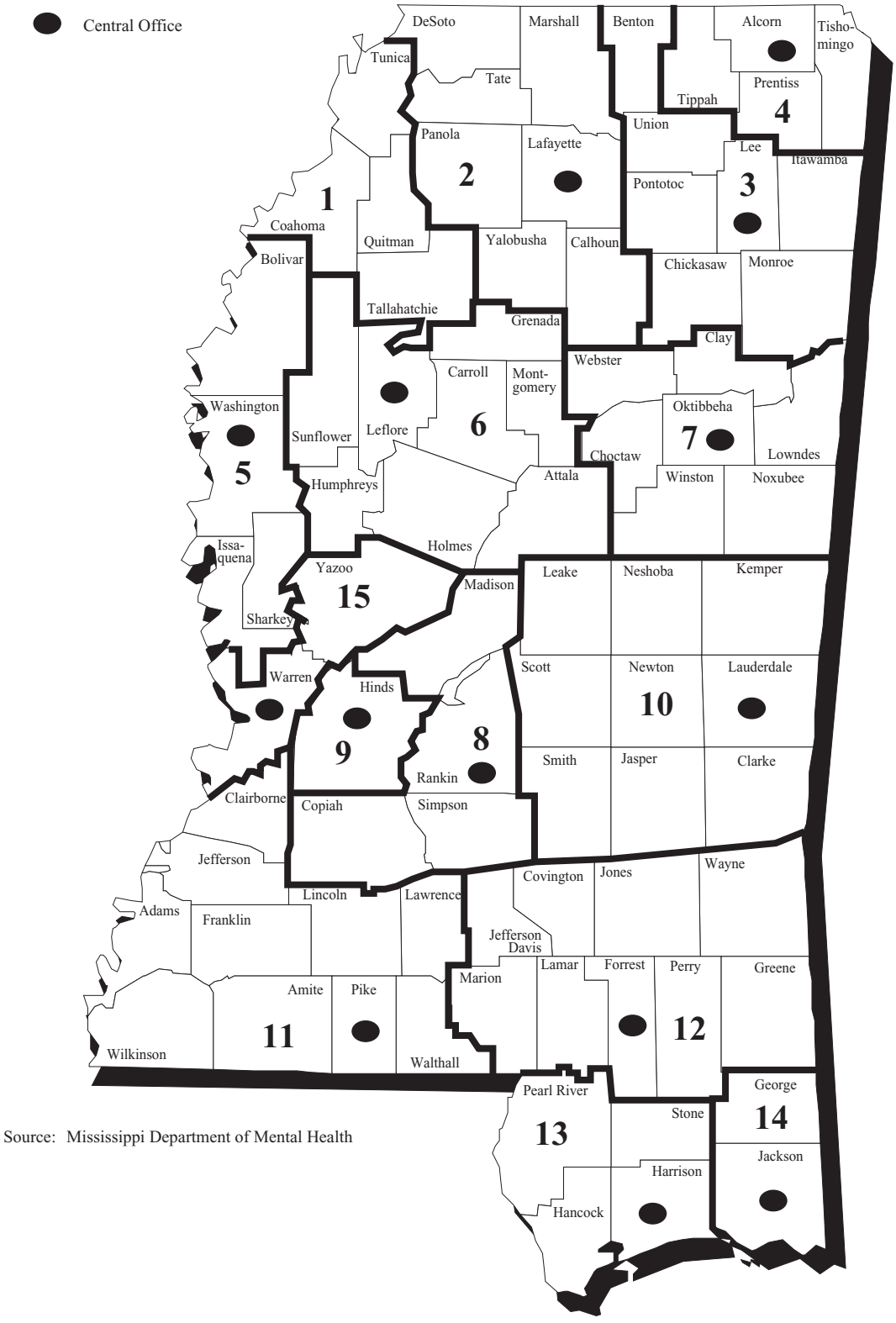
Fifteen regional community Mental Health-Mental Retardation Centers provide a wide range of mental health services at the local level. Map IX-6 presents the central office locations of these centers. Each center must meet federal and state program and performance standards. The major objectives of the regional community mental health centers include: (a) providing accessible services to all citizens with mental and emotional problems; (b) reducing the number of initial admissions to the state hospitals; and (c) preventing re-admissions through supportive aftercare services. These centers are a vital element in the plan to provide an integrated system of mental health services to all residents of Mississippi.

The regional community mental health centers are certified to provide emergency services and must have agreements with local providers for short-term inpatient care. The centers themselves do not maintain acute care beds but may make them available through an affiliation agreement with a local hospital which, within certain restrictions, can treat individuals in lieu of admission to the state hospitals. When discussing these beds, one must keep in mind that most of these beds are already listed in the existing inventory and should not be added to those already identified. The number of beds available on an affiliation basis varies from hospital to hospital. Most of these beds are not located in a specialized psychiatric unit, but are scattered throughout the hospital. Most of the hospitals providing beds through an affiliation agreement seldom have adequate or qualified staff and provide services only on an emergency basis. Usually a patient is hospitalized for one to four days and is referred to another hospital when further treatment becomes necessary.

Community mental health centers may provide back-up to hospital staff to ensure appropriate care. However, these agreements are limited in many instances. For example, in some regions the agreement is for general hospital beds on a priority basis, but the beds are in a general ward and no psychiatrist is on the hospital staff. In these cases a local private physician makes the admission, and the mental health center staff work with the physician on a consulting basis. In almost all instances of admission to local hospitals, there must be some method for the mentally ill consumer to pay for the hospitalization. Where there is a psychiatric unit, admissions are many times limited because the consumer has no source of payment. In summary, a system of limited adequacy exists to provide inpatient care for individuals who need this level of treatment in the community; inpatient care for mental illness is generally not available on demand.

Map IX-6

Regional Community Mental Health/Mental Retardation Centers and Location of Central Office



Source: Mississippi Department of Mental Health

Certificate of Need
Criteria and Standards
for
Acute Psychiatric,
Chemical Dependency,
and
Psychiatric Residential
Treatment Facility Beds/Services

Should the Mississippi State Department of Health receive a Certificate of Need application regarding the acquisition and/or otherwise control of major medical equipment or the provision of a service for which specific CON criteria and standards have not been adopted, the application shall be deferred until the Department of Health has developed and adopted CON criteria and standards. If the Department has not developed CON criteria and standards within 180 days of receiving a CON application, the application will be reviewed using the general CON review criteria and standards presented in the *Mississippi Certificate of Need Review Manual* and all adopted rules, procedures, and plans of the Mississippi State Department of Health.

The Need for
Acute Psychiatric and Chemical Dependency Beds

While Mississippi relies heavily upon the facilities operated by the Mississippi Department of Mental Health (MDMH) for acute inpatient psychiatric and chemical dependency services, the private sector is developing an increasing number of such facilities. This *Plan* intends to encourage a rational establishment of appropriate acute psychiatric and chemical dependency facilities in areas of the state with inadequate inpatient services.

The two larger state psychiatric hospitals provide 488 active and staffed adult acute and intermediate psychiatric beds, 439 chronic adult psychiatric beds, and 140 adult chemical dependency beds. The MDMH has opened a new 50-bed regional acute adult psychiatric hospital in Tupelo and a similar 50-bed facility in Purvis.

Mississippi State Hospital (MSH) operates a 60-bed acute psychiatric unit for children and adolescents. East Mississippi State Hospital (EMSH) provides 40 acute psychiatric beds for adolescents, and a new 50-bed adult psychiatric and chemical dependency treatment unit for adolescents opened at EMSH in July 2002 (replacement for previous acute care unit). Preplanning has begun for a 75-bed, long-term psychiatric residential treatment center for adolescents to be operated by EMSH.

A specialized 48-bed treatment facility for youth with mental retardation who are involved with the criminal justice system opened in Brookhaven in 1999. Construction of a similar facility for youth who meet commitment criteria for mental illness and who are involved with the criminal justice system has been completed in Harrison County; however, opening of the facility has been postponed because of the recent economic downturn and subsequent budgetary restrictions.

In addition to the state operated beds, Mississippi has 546 licensed adult psychiatric beds, 180 adolescent psychiatric beds, 334 adult chemical dependency beds, and 40 adolescent chemical dependency beds. There are presently outstanding CONs for 73 adolescent psychiatric beds. Tables IX-5, IX-6, and IX-7 at the end of this chapter present the statistical need for beds by type of service based on population projections for the year 2005.

Occupancy rates in private sector facilities remain below 80 percent, indicating that many individuals are not receiving psychiatric and/or chemical dependency services. The inability to pay is a major individual barrier for receiving mental health services, resulting in a vast unmet need for these services. Both physicians and facilities have contributed to the access problem.

The problems involved in serving the needs of indigent patients are numerous and complex, beyond this *Plan's* ability to delve into completely. Additional research is needed to make appropriate recommendations regarding the financing of mental health and expanding the roles of freestanding psychiatric and chemical dependency facilities. Officials should give special consideration to allowing Medicaid reimbursement to freestanding facilities and to requiring that all facilities be certified for and accept Medicaid and Medicare patients. (Since 1990 the Legislature has allowed Medicaid reimbursement for psychiatric inpatient services for children under 21 years of age in accredited freestanding facilities that were licensed or CON-approved prior to July 1, 1990.) As a part of the Certificate of Need process, the Department of Health requires documentation that a facility will provide a "reasonable amount" of services to indigent patients. This effort, along with the Department of Mental Health's efforts to provide more geographic distribution of services, will address many of the needs of indigent citizens.

Policy Statement Regarding Certificate of Need Applications for Acute Psychiatric, Chemical Dependency, and Psychiatric Residential Treatment Facility Beds/Services

1. An applicant must provide a "reasonable amount" of indigent/charity care as described in Chapter I of this *Plan*.

2. Mental Health Planning Areas: The Department of Health shall use the state as a whole to determine the need for acute psychiatric beds/services, chemical dependency beds/ services, and psychiatric residential treatment beds/services. Tables IX-5, IX-6, and IX-7 give the statistical need for each category of beds.

3. Public Sector Beds: Due to the public sector status of the acute psychiatric, chemical dependency, and psychiatric residential treatment facility beds operated directly by the Mississippi State Department of Mental Health (MDMH), the number of licensed beds operated by the MDMH shall not be counted in the bed inventory used to determine statistical need for additional acute psychiatric, chemical dependency, and psychiatric residential treatment facility beds.

4. Comments from Department of Mental Health: The Mississippi State Department of Health shall solicit and take into consideration comments received from the Mississippi State Department of Mental Health regarding any CON application for the establishment or expansion of inpatient acute psychiatric, chemical dependency, and/or psychiatric residential treatment facility beds.

5. Separation of Adults and Children/Adolescents: Child and adolescent patients under 18 years of age must receive treatment in units which are programmatically and physically distinct from adult (18+ years of age) patient units. A single facility may house adults as well as adolescents and children if both physical design and staffing ratios provide for separation.

6. Separation of Males and Females: Facilities must separate males and females age 13 and over for living purposes (e.g., separate rooms and rooms located at separate ends of the halls, etc.).

7. Dually Diagnosed Patients: It is frequently impossible for a provider to totally predict or control short-term deviation in the number of patients with mixed psychiatric/addictive etiology to their illnesses. Therefore, the Department will allow deviations of up to 25 percent of the total licensed beds as "swing-beds" to accommodate patients having diagnoses of both psychiatric and substance abuse disorders. However, the provider must demonstrate to the Division of Licensure and Certification that the "swing-bed" program meets all applicable licensure and certification regulations for each service offered, i.e., acute psychiatric, chemical dependency, and psychiatric residential treatment facility services, before providing such "swing-bed" services.

8. Comprehensive Program of Treatment: Any new mental health beds approved must provide a comprehensive program of treatment that includes, but is not limited to, inpatient, outpatient, and follow-up services, and in the case of children and adolescents, includes an educational component. The facility may provide outpatient and appropriate follow-up services directly or through contractual arrangements with existing providers of these services.

9. Medicaid Participation: An applicant proposing to offer acute psychiatric, chemical dependency, and/or psychiatric residential treatment facility services or to establish, expand and/or convert beds under any of the provisions set forth in this section or in the service specific criteria and standards shall affirm in the application that:

   a. the applicant shall seek Medicaid certification for the facility/program at such time as the facility/program becomes eligible for such certification; and

   b. the applicant shall serve a reasonable number of Medicaid patients when the facility/program becomes eligible for reimbursement under the Medicaid Program. The application shall affirm that the facility will provide the MSDH with information regarding services to Medicaid patients.

10. Licensing and Certification: All acute psychiatric, chemical dependency treatment, dual diagnosis beds/services, and psychiatric residential treatment facility beds/services must meet all applicable licensing and certification regulations of the Division of Health Facilities Licensure and Certification. If licensure and certification regulations do not exist at the time the application is approved, the program shall comply with such regulations following their effective date.

11. Psychiatric Residential Treatment Facility: A psychiatric residential treatment facility (PRTF) is a non-hospital establishment with permanent licensed facilities that provides a twenty-four (24) hour program of care by qualified therapists including, but not limited to, duly licensed mental health professionals, psychiatrists, psychologists, psychotherapists, and licensed certified social workers, for emotionally disturbed children and adolescents referred to such facility by a court, local school district, or the Department of Human Services, who are not in an acute phase of illness requiring the services of a psychiatric hospital and who are in need of such restorative treatment services. For purposes of this paragraph, the term "emotionally disturbed" means a condition exhibiting one or more of the following characteristics over a long period of time and to a marked degree, which adversely affects educational performance:

   a. an inability to learn which cannot be explained by intellectual, sensory, or health factors;

   b. an inability to build or maintain satisfactory relationships with peers and teachers;

   c. inappropriate types of behavior or feelings under normal circumstances;

   d. a general pervasive mood of unhappiness or depression; or

   e. a tendency to develop physical symptoms or fears associated with personal or school problems.

   An establishment furnishing primarily domiciliary care is not within this definition.

12. Certified Educational Programs: Educational programs certified by the Department of Education shall be available for all school age patients. Also, sufficient areas suitable to meet the recreational needs of the patients are required.

13. Preference in CON Decisions: Applications proposing the conversion of existing acute care hospital beds to acute psychiatric and chemical dependency beds shall receive preference in CON decisions provided the application meets all other criteria and standards under which it is reviewed.

14. Dedicated Beds for Children's Services: It has been determined that there is a need for specialized beds dedicated for the treatment of children less than 14 years of age. Therefore, of the beds determined to be needed for child/adolescent acute psychiatric services and psychiatric residential treatment facility services, 25 beds under each category for a total of 50 beds statewide shall be reserved exclusively for programs dedicated to children under the age of 14.

15. Effective July 1, 1994, no health care facility shall be authorized to add any beds or convert any beds to another category of beds without a Certificate of Need under the authority of Section 41-7-191(1)(c), unless there is a projected need for such beds in the planning district in which the facility is located.

General Certificate of Need Criteria and Standards for Acute Psychiatric, Chemical Dependency, and/or Psychiatric Residential Treatment Facility Beds/Services

The Mississippi State Department of Health will review applications for a Certificate of Need for the establishment, offering, or expansion of acute psychiatric, chemical dependency treatment, and/or psychiatric residential treatment beds/services under the applicable statutory requirements of Sections 41-7-173, 41-7-191, and 41-7-193, Mississippi Code of 1972, as amended. The MSDH will also review applications for Certificate of Need according to the policies in this *Plan*; the general criteria listed in the *Mississippi Certificate of Need Review Manual*; all adopted rules, procedures, and plans of the Mississippi State Department of Health; and the general and service specific criteria and standards listed below.

The offering of acute psychiatric, chemical dependency treatment, and/or psychiatric residential treatment facility services is reviewable if the proposed provider has not offered those services on a regular basis within the period of twelve (12) months prior to the time such services would be offered. The construction, development, or other establishment of a new health care facility to provide acute psychiatric, chemical dependency treatment, and/or psychiatric residential treatment services requires CON review regardless of capital expenditure.

1. **Need Criterion:**

   a. **New/Existing Acute Psychiatric, Chemical Dependency, and/or Psychiatric Residential Treatment Facility Beds/Services:** The applicant shall document a need for acute psychiatric, chemical dependency, and/or psychiatric residential treatment facility beds using the appropriate bed need methodology as presented in this section under the service specific criteria and standards.

   b. **Projects which do not involve the addition of acute psychiatric, chemical dependency, and/or psychiatric residential treatment facility beds:** The applicant shall document the need for the proposed project. Documentation may consist of, but is not limited to, citing of licensure or regulatory code deficiencies, institutional long-term plans duly adopted by the governing board, recommendations made by consultant firms, and deficiencies cited by accreditation agencies (JCAHO, CAP, etc.).

   c. **Projects which involve the addition of beds:** The applicant shall document the need for the proposed project. Exception: Notwithstanding the service specific statistical bed need requirements as stated in "a" above, the Department may approve additional beds for facilities which have maintained an occupancy rate of at least 80 percent for the most recent 12-month licensure reporting period or at least 70 percent for the most recent two (2) years.

   d. **Child Psychiatry Fellowship Program:** Notwithstanding the service specific statistical bed need requirements as stated in "a" above, the Department may approve a 15-bed acute child psychiatric unit at the University of Mississippi Medical Center for children aged 4-12 to provide a training site for psychiatric residents.

2. The application shall affirm that the applicant will record and maintain, at a minimum, the following information regarding charity care and care to the medically indigent and make such information available to the Mississippi State Department of Health within 15 business days of request:

    a. source of patient referral;

    b. utilization data, e.g., number of indigent admissions, number of charity admissions, and inpatient days of care;

    c. demographic/patient origin data;

    d. cost/charges data; and

    e. any other data pertaining directly or indirectly to the utilization of services by medically indigent or charity patients which the Department may request.

3. A CON applicant desiring to provide or to expand chemical dependency, psychiatric, and/or psychiatric residential treatment facility services shall provide copies of signed memoranda of understanding with Community Mental Health Centers and other appropriate facilities within their patient service area regarding the referral and admission of charity and medically indigent patients.

4. Applicants should also provide letters of comment from the Community Mental Health Centers, appropriate physicians, community and political leaders, and other interested groups that may be affected by the provision of such care.

5. The application shall document that within the scope of its available services, neither the facility nor its participating staff shall have policies or procedures which would exclude patients because of race, color, age, sex, ethnicity, or ability to pay.

6. The application shall document that the applicant will provide a reasonable amount of charity/indigent care as provided for in Chapter I of this *Plan*.

Service Specific Certificate of Need Criteria and Standards for Acute Psychiatric, Chemical Dependency, and/or Psychiatric Residential Treatment Facility Beds/Services

Acute Psychiatric Beds for Adults

1. The Mississippi State Department of Health shall base statistical need for adult acute psychiatric beds on a ratio of **.21 beds per 1,000 population aged 18 and older for 2005** in the state as a whole as projected by the Division of Health Planning and Resource Development. Table IX-5 presents the statistical need for adult psychiatric beds.

2. The applicant shall provide information regarding the proposed size of the facility/unit. Acute psychiatric beds for adults may be located in either freestanding or hospital-based facilities. Freestanding facilities should not be larger than 60 beds. Hospital units should not be larger than 30 beds. Patients treated in adult facilities and units should be 18 years of age or older.

3. The applicant shall provide documentation regarding the staffing of the facility. Staff providing treatment should be specially trained for the provision of psychiatric and psychological services. The staff should include both psychiatrists and psychologists and should provide a multi-discipline psychosocial medical approach to treatment.

Acute Psychiatric Beds for Children and Adolescents

1. The Mississippi State Department of Health shall base statistical need for child/adolescent acute psychiatric beds on a ratio of **.55 beds per 1,000 population aged 7 to 17 for 2005** in the state as a whole as projected by the Division of Health Planning and Resource Development. Table IX-5 presents the statistical need for child/adolescent psychiatric beds. Of the specified beds needed, 25 beds are hereby set aside exclusively for the treatment of children less than 14 years of age.

2. The applicant shall provide information regarding the proposed size of the facility/unit. Acute psychiatric beds for children and adolescents may be located in freestanding or hospital-based units and facilities. A facility should not be larger than 60 beds. All units, whether hospital-based or freestanding, should provide a homelike environment. Ideally, a facility should provide cottage-style living units housing eight to ten patients. Because of the special needs of children and adolescents, facilities or units which are not physically attached to a general hospital are preferred. For the purposes of this *Plan*, an adolescent is defined as a minor who is at least 14 years old but less than 18 years old, and a child is defined as a minor who is at least 7 years old but less than 14 years old.

3. The applicant shall provide documentation regarding the staffing of the facility. Staff should be specially trained to meet the needs of adolescents and children. Staff should include both psychiatrists and psychologists and should provide a multi-discipline psychosocial medical approach to treatment. The treatment program must involve parents and/or significant others. Aftercare services must also be provided.

4. The applicant shall describe the structural design of the facility in providing for the separation of children and adolescents. In facilities where both children and adolescents are housed, the facility should attempt to provide separate areas for each age grouping.

Chemical Dependency Beds for Adults

1. The Mississippi State Department of Health shall base statistical need for adult chemical dependency beds on a ratio of **.14 beds per 1,000 population aged 18 and older for 2005** in the state as a whole as projected by the Division of Health Planning and Resource Development. Table IX-6 presents the statistical need for adult chemical dependency beds.

2. The applicant shall provide information regarding the proposed size of the facility/unit. Chemical dependency treatment programs may be located in either freestanding or hospital-based facilities. Facilities should not be larger than 75 beds, and individual units should not be larger than 30 beds. The bed count also includes detoxification beds. Staff should have specialized training in the area of alcohol and substance abuse treatment, and a multi-discipline psychosocial medical treatment approach which involves the family and significant others should be employed.

3. The applicant shall describe the aftercare or follow-up services proposed for individuals leaving the chemical dependency program. Chemical dependency treatment programs should include extensive aftercare and follow-up services.

4. The applicant shall specify the type of clients to be treated at the proposed facility. Freestanding chemical dependency facilities and hospital-based units should provide services to substance abusers as well as alcohol abusers.

Chemical Dependency Beds for Children and Adolescents

1. The Mississippi State Department of Health shall base statistical need for child/adolescent chemical dependency beds on a ratio of **.44 beds per 1,000 population aged 12 to 17 for 2005** in the state as a whole as projected by the Division of Health Planning and Resource Development. Table IX-6 presents the statistical need for child/adolescent chemical dependency beds.

2. The applicant shall provide information regarding the proposed size of the facility/unit. Chemical dependency beds may be located in either freestanding or hospital-based facilities. Because of the unique needs of the child and adolescent population, facilities shall not be larger than 60 beds. Units shall not be larger than 20 beds. The bed count of a facility or unit will include detoxification beds.

   Facilities or units, whether hospital-based or freestanding, should provide a home-like environment. Ideally, facilities should provide cottage-style living units housing eight to ten patients. Because of the special needs of children and adolescents, facilities or units which are not physically attached to a general hospital are preferred.

3. The applicant shall provide documentation regarding the staffing of the facility. Staff should be specially trained to meet the needs of adolescents and children. Staff should include both psychiatrists and psychologists and should provide a multi-discipline psychosocial medical approach to treatment. The treatment program must involve parents and significant others. Aftercare services must also be provided.

4. The applicant shall describe the structural design of the facility in providing for the separation

of the children and adolescents. Child and adolescent patients shall be separated from adult patients for treatment and living purposes.

5. The applicant shall describe the aftercare or follow-up services proposed for individuals leaving the chemical dependency program. Extensive aftercare and follow-up services involving the family and significant others should be provided to clients after discharge from the inpatient program. Chemical dependency facilities and units should provide services to substance abusers as well as alcohol abusers.

Psychiatric Residential Treatment Facility Beds/Services

1. The Mississippi State Department of Health shall base statistical need for psychiatric residential treatment beds on a ratio of **0.4 beds per 1,000 population aged 5 to 21 for 2005** in the state as a whole as projected by the Division of Health Planning and Resource Development. Table IX-7 presents the statistical need for psychiatric residential treatment facility beds.

2. The application shall state the age group that the applicant will serve in the psychiatric residential treatment facility and the number of beds dedicated to each age group (5 to 13, 14 to 17, and 18 to 21).

3. The applicant shall describe the structural design of the facility for the provision of services to children less than 14 years of age. Of the beds needed for psychiatric residential treatment facility services, 25 beds are hereby set aside exclusively for the treatment of children less than 14 years of age. An applicant proposing to provide psychiatric residential treatment facility services to children less than 14 years of age shall make provision for the treatment of these patients in units which are programmatically and physically distinct from the units occupied by patients older than 13 years of age. A facility may house both categories of patients if both the physical design and staffing ratios provide for separation.

   This criterion does not preclude more than 25 psychiatric residential treatment facility beds being authorized for the treatment of patients less than 14 years of age. However, the Department shall not approve more than 334 psychiatric residential treatment facility beds statewide unless specifically authorized by legislation.

4. The applicant shall provide information regarding the proposed size of the facility/unit. A psychiatric residential treatment facility should provide services in a homelike environment. Ideally, a facility should provide cottage-style living units not exceeding 15 beds. A psychiatric residential treatment facility should not be larger than 60 beds.

5. The applicant shall provide documentation regarding the staffing of the facility. Staff should be specially trained to meet the treatment needs of the age category of patients being served. Staff should include both psychiatrists and psychologists and should provide a multi-discipline psychosocial medical approach to treatment. The treatment program must involve parents and/or significant others. Aftercare/follow-up services must also be provided.

Table IX-5
Statewide Acute Psychiatric Bed Need
2005

Bed Category and Ratio	2005 Projected Population	Projected Bed Need	Licensed/CON Approved Beds	Difference
Adult Psychiatric: 0.21 beds per 1,000 population aged 18+	2,455,561	516	546	-30
Child/Adolescent Psychiatric: 0.55 beds per 1,000 population aged 7 to 17	484,357	266	253	13

Sources: Applications for Renewal of Hospital License for Calender Year 2003 and FY 2002 Annual Hospital Report; and Division of Health Planning and Resource Development calculations, March 2003.

Table IX-6
Statewide Chemical Dependency Bed Need
2005

Bed Category and Ratio	2005 Projected Population	Projected Bed Need	Licensed/ CON Approved Beds	Difference
Adult Chemical Dependency: 0.14 beds per 1,000 population aged 18+	2,455,561	343	334	9
Child/Adolescent Chemical Dependency: 0.44 beds per 1,000 population aged 12 to17	272,715	120	40	80

Sources: Applications for Renewal of Hospital License for Calender Year 2003 and FY 2002 annual Hospital Report; and Division of Health planning and Resource Development calculations, March 2003

Table IX-7
Statewide Psychiatric Residential
Treatment Facility Bed Need
2005

Age Cohort	Bed Ratio per 1,000 Population	2005 Projected Population	Projected Bed Need	Licensed/CON Approved Beds	Difference
5 to 21	0.4	806,351	322	53	-31

Sources: Mississippi State Department of Health, Division of Health Planning and Resource Development, March 2003